	3/YU12 P
STATE OF SOUTH CAROLINA RECE	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
(5.4.45.)	PUBLIC SERVICE COMMISSION
(Caption of Case) MAY 25	OF SOUTH CAROLINA
Example: Application for a Class C Charter Certificate from	
John Doe dba Doe's Limo	TI ON THE ANGROPH A PLON COMED CHEET.
Clerks C	Fice TRANSPORTATION COVER SHEET
ARRIVE LIVE FOR ON CHASS	TRANSPORTATION COVER SHEET OR OR OR NUMBER: 2021 - 181 T
Application for a class C charter certificate) DOCKET 2021 - 181 T OC
a al dec constrate) NUMBER:
C Charter Certificate)
) If this is your first time filing an application with the PSC, you will need
	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned
Antione Push	1 -1 -1 -1 111 -1 -1
(Please type or print)) 0 0 1
Submitted by: Antione Pugh	Telephone: 803 - 651-1185 2
Address: 3301 annie Street	
Dalzell SC 29040	Fax:
Datzell 3c 21010	_ Other:
	Email: Partyhoppersca yahoo.
NOTE: The cover sheet and information contained herein neither repla	aces nor supplements the filing and service of pleadings or other papers
	e Commission of South Carolina for the purpose of docketing and must
be filled out completely.	<u>~~</u>
NATURE OF ACTIO	N (Check all that apply)
	<u>O</u>
Application - Class A/A Restricted	Request for Name Change on Certificate 8
	Request for Name Change on Certificate Request to Amend Scope of Authority
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
	<u> </u>
Application - Class C Charter Bus	Request to Amend Passenger Limit
	Request to Amena I assenger Limit
Application - Class C Non-Emergency	Request to Amend I assenger Emilit
Application - Class C Non-Emergency	Request to Amend Passenger Limit
Application - Class C Non-Emergency Application - Class C Stretcher Van	Request Exhibit
	Request ©
Application - Class C Stretcher Van	Request Exhibit Of
Application - Class C Stretcher Van Application - Class E Household Goods	Request Exhibit Late-Filed Exhibit
Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application	Request Exhibit Late-Filed Exhibit Letter Proposed Order
Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste	Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit
Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate	Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit
Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order	Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter
Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter Response
Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate	Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter
Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Order Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter Response

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

PUBLIC SERVICE COMMISSIO 101 Executive Center I Columbia, South Ca	Drive, Suite 100	ACCEPTED
Phone: (803) 896-5100	Fax: (803) 896-5199	OFOR
Phone: (803) 896-5100 APPLICATION FOR CERTIFICATE OF PUBLIC COOPERATION OF MOTOR VET CLASS C - NON-EMERGENCY Application is hereby made for a Certificate of Public Convenie of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments	CONVENIENCE AND NECESSITY FOR HICLE CARRIER	PROCESSING
CLASS C - NON-EMERGENCY	Date: Mat- 24-2021	3 - 2021 Ma
Application is hereby made for a Certificate of Public Convenie of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments	ence and Necessity, in accordance with the provi thereto.	y 28,7:25 AM - sion7:25 AM -
1. Porty hoppers LLC Name under which business is to be conducted (corporation, partners)	ership, or sole proprietorship, with or without trade n	
3301 annie Street Dalze Street Address of		- 2021-181
Mailing Address of Applicant (if di	fferent from street address)	<u> </u>
Phone Party hoppersc Dynhoo.com Email Address	Fax	Page 2 φf
 If the Applicant is an LLC or a corporation, a copy of the Certi Secretary of State and the Articles of Incorporation must be atta Carolina Secretary of State "Foreign Corporation" Certificate.) 	ched. (If incorporated outside of SC, attach Sou	14 th
 3. Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person havin Corporation - List names and addresses of two principal 		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilities</u>	<u>:</u> 00		
Value of Real Estate	0	Mortgage/Loan on Real Estate	: COCESS		
Value of Motor Vehicles	36,000	Loans Owed on Motor Vehicles	0 3		
Cash on Hand	10,000	Business/Other Loans Owed	0 20		
Cash in Bank	3,000	Other Liabilities or Debts	6 May		
Value of Other Assets and Equipment	5,000	Total Liabilities	Y 287:25 AM		
Total Assets	54,000		ı		
INSTRUCTIONS:			SCPSC		
Company/Business Applying for a Certificate.					
2. "Mortgage/Loan on Real E by the Real Estate listed in		nding balance on any Mortgage, Equity Line	or other Loan secured $\stackrel{\square}{\sim}$		
 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate. 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item & 					
4. "Loans Owed on Motor Ve	ehicles" means the outsta	anding balance on any loans or liens on the	vehicles listed in Item &		
5 "Cook on Hand" is the total	I of actual and hold by	the Comment / Drainess and aire of the Conti	<u>Q</u>		

INSTRUCTIONS:

- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	_
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

1-7 Passengers, including driver

8-15 Passengers, including driver

WHEEL AND

VIN#

YEAR & MODEL

MAKE

CHAIR EMPTY WEIGHT LIFT

WHEEL

		Y ## (I)	DIVIL II WENGILI	2/11, 1
Ford/limo	2010	IFDXE4F50ADBO2	18,000	10
		582		
		-		
				0

•	INSURANCE QUOTE		CEPTE
This form MUST BE COMPLETED. The insurance quote must be complete, listing cuinsurance policies may be required. Do not provipurchase insurance until your application has been	de a copy of insurance policies t	nless requested. You will not be required to	rrent
The following insurance quote is for:			PROCESSING -
Antione pugh			SS
	Name of Applicant		_SINC
3301 anic Street	Dalzell SC	29040) - 2(
	Address of Applicant		P21
Amount of Premium: Liability Insurance \$ 6,566.00	(A) 10 ov		May 28
The above quoted premium is for a term of Minimum Limits - Bodily injury and pre	12 months.	he less	2021 May 28 7:25 AM - SCPSC
than the following:	operty damage minus win not	Limits Quoted	- SCF
Liability Combined Each Occurance	\$ 1,000,000	50,000	٦ŠC
Medical Payments per Person	\$ 1,000	25,000	
pryvessive	N G.		2021-181-T
Progressive	Name of Insurance Company	,	-T - P

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Home Office Address of Company

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

		Ţ
_	Is there currently any outstanding judgments against the Applicant? Yes No If Yes, list judgements here: Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire mot carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations? No Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?	<u>-</u> ċ
		P
		R
1	In there expressely easy extending indements against the April 2019	<u> </u>
Ι.	is there currently any outstanding judgments against the Applicant?	S
	○ Yes ① No	<u>S</u>
	If Yes, list judgements here:	6
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2.	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire mot	tor
	carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these	
	statutes and regulations?	7
	⊕Yes ○ No	Pa
		ge
3.	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated	7
	therewith?	纤
	Ò√Vos ○ No	4

Exhibit on Driver Qualifications

1.	Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and
	CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the
	company's primary place of of business within South Carolina.

O Yes O No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

○Yes ○ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

O Yes O No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

O Yes O No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

© Yes O No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.



ACCEPTED FOR PROCESSING - 2021 May 28 7:25 AM - SCPSC - 2021-181-T - Page 9 of 14

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box	P	lease	check	the	app.	licab	le	box
---------------------------------	---	-------	-------	-----	------	-------	----	-----

	The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina
ı. ⊓	through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.
L	mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.
	gov to create a My DMS account.

П	The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South
Ш	Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

OWne

Title of Applicant (e.g. President, Owner, etc.)

COUNTY OF PAICE OF SOUTH CAROLINA

COUNTY OF PAICE OF SOUTH CAROLINA

SWORN TO BEFORE ME

This day of Table

Notary Pablic

Notary Pablic

Commission Expires 10 - 12 - 2026

South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

PARTY HOPPERS LLC

Corporate Information

Entity Type: Limited Liability Company

Status: Good Standing

Domestic/Foreign: Domestic

Incorporated South Carolina

State:

Important Dates

Effective Date 04/14/2021

Expiration N/A

Date:

Term End N/A
Date:

Dissolved N/A
Date:

Registered Agent

Agent: Registered Agents Inc.

Address: 6650 Rivers Ave. STE 100

Charleston, South Carolina 29406

Official Documents On File

Filing Type	Filing Date
Articles of Organization	04/14/2021

For filing questions please contact us at 803-734-2158

Copyright © 2021 State of South Carolina

Filing ID: 210414-1700106

Filing Date: 04/14/2021

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1.	The name of the limited liability company (Company ending must be included in name*)		
	PARTY HOPPERS LLC		
	"Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "L.C.", "L.C.", "L.C.", "Ltd. Co."		
	The address of the initial designated office of the limited liability company in South Carolina is 3301 Annie Street		
	(Street Address)		
	Dalzell, South Carolina 29040		
	(City, State, Zip Code)		
	The initial agent for service of process is		
	Registered Agents Inc.		
	(Name)		
	(Signature of Agent)		
	And the street address in South Carolina for this initial agent for service of process is: 6650 Rivers Ave. STE 100		
	(Street Address)		
	Charleston South Carolina 29406		
	(City) (Zip Code)		
	List the name and address of each organizer. Only one organizer is required, but you may have more than one.		
(a)	Antione Renard Pugh		
	(Name) 3301 Annie Street		
	(Street Address)		
	Dalzell, South Carolina 29040		
	(City, State, Zip Code)		

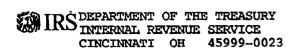
	PARTY HOPPERS LLC
	Name of Limited Liability Company
(b)	· · · · · · · · · · · · · · · · · · ·
(~,	
	(Name)
	(Street Address)
	(City, State, Zip Code)
5 .	Check this box only if the company is to be a term company. If the company is a term company, provide the
	term specified.
_	
6.	Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
(a)	company is to be managed by managers, include the name and address of each little manager.
(4)	
	(Name)
	(Street Address)
	(City, State, Zip Code)
(b)	
	(Name)
	(Street Address)
	(City, State, Zip Code)
_	
 Check this box <u>only if</u> one or more of the members of the company are to be liable for its debts under Section 33-44-303(c). If one or more members are so liable, specify which members, and for v 	
	obligations or liabilities such members are liable in their capacity as members. This provision is optional and does
	not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of

State. Specify any delayed effective date and time

	Name of Limited Liability Company	
2. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.		
10. Each organizer listed under number 4 must sign.		
Antione Renard Pugh		
Signature of Organizer		
Date: 04/14/2021		
Signature of Organizer		
Date:		

PARTY HOPPERS LLC



Date of this notice: 04-15-2021 on Number:

PARTY HOPPERS LLC ANTIONE RENARD PUGH SOLE MBR 3301 ANNIE ST DALZELL, SC 29040

For assistance you may call us at:

Number of this notice: CP 575 G

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

1-800-829-4933

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you

SIN will identify you, your business accounts, tax returns, and
have no employees. Please keep this notice in your permanent

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is PART. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.